

January 2024

Dear Parent/Guardian,

I am pleased to advise that we have the opportunity for our Year 13 Biology students to visit Southampton University Hospital on Tuesday 9<sup>th</sup> January 2024 to take part in a practical DNA manipulation activity.

This visit is an excellent opportunity for students to underpin central aspects of the A level course. The visit also gives students a superb insight into medically related careers and activities in a working laboratory.

The day will directly address Year 13 curriculum content, namely section 6.1.3 'manipulating genomes'. Students will perform PCR DNA amplification and DNA electrophoresis. These techniques require equipment that we do not possess in school and so the day provides an excellent opportunity to enhance the understanding of this section of the syllabus. We will also use this work to complete PAG work which is part of the practical endorsement of the OCR course. Travel to and from Southampton will be by school minibus and we will depart by 0845 on Tuesday 9th January and return at approximately 15:00 on the same day.

Students will need a packed lunch/drinks as it will be a very busy day and there will be no opportunity to buy food on site.

The cost per student is £20.00; we have kept prices as low as possible so that all students can benefit from this unique and highly valuable experience. Payment should be made using the school's on-line Wisepay facility. Please make a note of your Wisepay receipt reference, as you will need to provide this on the attached slip/consent form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.

If you would like your child to participate in this event, please complete the attached medical form and return it to myself as soon as possible.

We are very fortunate to be able to take our students to this unit in the hospital and are looking forward to this important day. Meanwhile, please do not hesitate to contact me if you have any queries.

Yours sincerely



Mr R Craven  
Curriculum Leader - Biology



STUDENT NAME ..... TUTOR .....

TO BE RETURNED TO .....

PARENTAL CONSENT FORM (for children and young people under the age of 18)	
The purpose of this form is to obtain your consent for your child to take part in the proposed event.	
DATA PROTECTION	
Highcliffe School is a Data Controller for the purposes of the General Data Protection Regulation (2018). This Act regulates how we obtain, use and retain information about individuals. The information you supply is being collected for the purpose of gaining your consent. When you sign <u>or</u> complete this form, you are providing your consent to Highcliffe School holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.	
DETAILS OF PROPOSED EVENT	
<b>Event:</b> Southampton University Hospital – Tuesday 9 <sup>th</sup> January 2024	
<b>Additional information:</b>	
ACKNOWLEDGEMENT OF RISK	
This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level. To help with safety all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any leader and follow all instructions or guidance given. Details of planning and risk assessment are available on request.	
STUDENT'S DETAILS	
<b>Full name:</b>	
<b>Home address:</b>	
MEDICAL / EMERGENCY CONTACT INFORMATION	
PRIMARY EMERGENCY CONTACT DETAILS	ALTERNATIVE EMERGENCY CONTACT DETAILS
<b>Surname:</b>	<b>Surname:</b>
<b>Forename:</b>	<b>Forename:</b>
<b>Home address (inc postcode):</b>	<b>Home address (inc postcode):</b>
<b>Home telephone number:</b>	<b>Home telephone number:</b>
<b>Mobile telephone number:</b>	<b>Mobile telephone number:</b>
<b>Relationship to student:</b>	<b>Relationship to student:</b>
<b>GP name:</b>	<b>GP surgery address (inc postcode):</b>
<b>Surgery telephone number:</b>	



STUDENT NAME ..... TUTOR .....

TO BE RETURNED TO .....

**STUDENT'S MEDICAL INFORMATION**Please provide detail of all medical conditions and illnesses and any treatments required to maintain health.  
This information helps us to keep your son/daughter safe

Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, eg material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO

If the answer to any of these questions is YES, please give details:

**TRIP PAYMENT**

All trip payments are to be made using the school's online Wisepay facility

I have paid using Wisepay and my reference number is ..... YES / NO

**CONSENT DECLARATION**

I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event. YES / NO

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip. YES / NO

I give consent for my child to be photographed during the event and for these photographs to be used in school media. YES / NO

Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser. YES / NO

**COVID-19 GUIDANCE**

In the event that your child begins to show symptoms of Covid-19 or tests positive for Covid-19 prior to the trip date or on the morning of the trip you must inform the school in line with our school policy and accept your child may not be able to attend the trip and may still be charged.

Please note that the venue you are travelling to may have their own policy regarding Covid-19 safety measures which your child will need to adhere to whilst on the school trip. The teacher will ensure that all students are aware of what these measures are before entering any venues.

**TRAVEL INSURANCE**If you have any medical concerns that may impact on your child's ability to travel, please refer to our medical/travel insurance guidelines on the following link <https://highcliffe.school/l/TravellInsurance>

Signature:

Print name:

Date: